



*Service, Education, Advocacy*

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Good Morning, Chairman and members of the Government Administration and Elections Committee. My name is Dominique Thornton. I am the Director of Public Policy for the Mental Health Association of CT, Inc., (MHAC). MHAC is a 100-year old private non-profit dedicated to service, education and advocacy for people with mental health disabilities. Thank you for the opportunity to tell you why the Mental Health Association of Connecticut strongly opposes Senate Bill 424 An Act Concerning Agency Consolidation and the Creation of the Health and Human Services Consolidation Steering Committee to establish a steering committee to make recommendations for legislative action for the merging of the Departments of Public Health, Developmental Services, Children and Families, Mental Health and Addiction Services and Social Services into the Department of Human Services.

This new initiative has not been demonstrated to save any money. In fact, it would create an additional Commissioner to oversee it. Each existing agency would be replaced by a division within the super-Department of Human Services just as the State Unit on Aging became a division of DSS when the Commission on Aging was eliminated. The Division on Aging within DSS still has its own Director and administrators. But, each agency has its own culture and priorities. Think about the persons you will be effecting who are experiencing severe and persistent chronic and often debilitating mental illnesses that frequently make them dependent upon costly inpatient, emergency room, nursing home, jail and other institutional services for life

saving support. Will they be more effectively served? Will the state save money if they fall through the cracks of a large state agency and end up in institutions again? Answer: No.

This initiative also disregards the effectiveness and the success that the Department of Mental Health and Addiction Services that has had in the past ten years saving money and successfully bringing the hope of recovery to many thousands. While we all agree that cost reduction strategies in healthcare are essential, it must also be noted that no one particular approach can work for everyone. Long term mental illness like depression, bipolar illness and schizophrenia are amenable to treatment and people suffering from these disabilities can recover. But, recovery occurs when an individual's life is no longer restricted by the symptoms of their illness (i.e. a depressed person can get out of bed and feel OK getting back to work, a person with psychosis no longer hears voices of persecution and can attend school or go back to their career) such that they can return to the typical adult pursuits that most of us in society take for granted. They join the fabric of the community, vote, pay taxes, coach little league, go to church. **For cost effectiveness, recovery from illness is the best goal.** There are now alternatives for people with chronic mental illnesses. However, they need specialized care to prevent them from going back to the institutional environment or fail without the appropriate support services. Otherwise, they will end up in an expensive revolving door. As you consider trimming costs, we think you should continue to move toward community services to save money and serve more people more successfully in the community. **A super-department would only create more state bureaucracy.** Thank you.